

**Application for Transfer of Fire Alarm Contractor License****114**

Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Electrical Division  
P.O. Box 30255  
Lansing, MI 48909  
517-241-9320

Agency Use Only

**Fee: \$200.00**

|  |   |
|--|---|
| Authority: 1956 PA 217<br>Completion: Mandatory<br>Penalty: License will not be issued | The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency. |
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**Instructions:**

- Complete and sign application. Type or print in ink.
- Complete the enclosed Construction Lien Recovery Fund Membership Application; submit application and payment to address provided on membership application.
- P. A. 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
  - This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.
- Enclose a check payable to the **State of Michigan**.
- Mail completed application, fee, copies of incorporation, partnership, or D.B.A. papers, and copy of current contractor license and current fire alarm specialty technician license to the above above.

**Applicant Information**

|   |        |  |          |                                      |
|---|--------|--|----------|--------------------------------------|
| NAME OF PERSON, FIRM, OR CORPORATION TO BE LICENSED           |        | UNIT OF GOVERNMENT ISSUING CURRENT LICENSE |          |                                      |
| ADDRESS   |        | CITY                                       |          |                                      |
| TOWNSHIP  | COUNTY | STATE                                      | ZIP CODE | TELEPHONE NUMBER (Include Area Code) |
| NAME OF OFFICERS<br>_____<br>_____                            |        |  |          |                                      |
| NAME OF FIRE ALARM SPECIALTY TECHNICIAN REPRESENTING BUSINESS |        | LICENSE NUMBER                             |          |                                      |
| ADDRESS   |        | CITY                                       |          |                                      |
| TOWNSHIP  | COUNTY | STATE                                      | ZIP CODE |                                      |

For an LLC or corporation, or if the fire alarm specialty technician listed above is not also the contractor applying, then he/she shall provide this office with an **original notarized** letter stating that he/she will be in your full time employ and shall be actively in charge of and responsible for code compliance of all installations of fire alarm system wiring and equipment.

**Certification and Signature**

|   |                        |
|---|------------------------|
| I certify the information provided is true and accurate to the best of my ability. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued. |                        |
| OWNER'S NAME (TYPE OR PRINT)  | SOCIAL SECURITY NUMBER |
| OWNER'S SIGNATURE   | DATE                   |